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Patent and Tradema	PTO/SB/21 (04-04) yed for use through 07/31/2006. OMB 0651-0031 ark Office: U.S. DEPARTMENT OF COMMERCE on unless it displays a valid OMB control number.	49 J
Application Number	09/274,935	
Filing Date	March 23, 1999	
First Named Inventor	Kathleen L. Covert et al.	
Art Unit ´	1746	
Examiner Name	Alexander Markoff	
Attorney Docket Number	EN997064	

			ENCLOSURES (check all that apply)	)				
Fee Transmittal	l Form		Drawing(s)		After Allowance communication to Technology Center (TC)			
Fee Atta	ached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences			
Amendment / F	Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply			
After F	Final -		Petition to Convert a Provisional Application		Proprietary Information			
Affidav	rits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address	Status Letter				
Extension of Ti	ime Request	X	Terminal Disclaimer	Other Enclosure(s) (please identify below):				
Express Aband	Ionment Request		Request for Refund					
Information Disc	closure Statement	nt CD, Number of CD(s)						
Certified Copy Document(s)	of Priority	ty Remarks						
Response to Missing Parts/ Incomplete Application								
Response to Missing Parts under 37 CFR 1.52 or 1.53								
	SIGNATUR	E OF A	PPLICANT, ATTORNEY, OR AGENT	•				
Firm or Reg. No. 29,188 Mark Levy & Associates, PLLC								
Signature	Signature							
Date 6	6/28/04							

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6/28/04

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## for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Application Number	09/274,935	
Filing Date	March 23, 1999	
First Named Inventor	Kathleen L. Covert et al.	
Examiner Name	Alexander Markoff	
Art Unit	1746	
Attorney Docket No.	FN997064	

Complete if Known

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)								
Check Credit card Mone Other None		3. ADDITIONAL FEES								
Deposit Account:		Entity Fee	Smal Fee	LEntity Fee	-					
Deposit	Fee Code	(\$)	Code	(\$)		Description			Fee Paid	
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Deposit	1052	50	2052	25	Surcharge - late sheet	provisional	I filing fee o	r cover		
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The Director is authorized to: (check all that apply)	1812	2,520	1812	2,520	For filing a requ	est for ex p	arte reexan	ninatio <b>n</b>		
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920*		blication of SIR prior to				
Charge any additonal fee(s) or any underpayment of fee(s)	1805	1,840*	1805	1,840*	Examiner action Requesting pub		IR after Ex	aminer		
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to the above-identified deposit account.	1251	110	2251		Extension for re				110.00	
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1. BASIC FILING FEE	1253	950	2253			ply within third month				
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Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	1255	2,010	2255	.,	Extension for re	• •	fth month			
1001 770 2001 385 Utility filing fee	1401	330	2401	165	Notice of Appea	al				
1002 340 2002 170 Design filing fee	1402	330	2402	165	Filing a brief in	support of a	n appeal			
1003 530 2003 265 Plant filing fee	1403	290	2403	145	Request for ora	I hearing				
1004 770 2004 385 Reissue filing	1451	1,510	1451	1,510	Petition to instit	ute a public	use procee	eding		
1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petition to reviv	e - unavoida	able			
SUBTOTAL (1) (\$)	1453	1,330	2453	665	Petition to reviv	e - unintenti				
		1,330	2501	665	Utility issue fee	(or reissue)	(or reissue)			
2. EXTRA CLAIM FEES FOR UTILITY AND Fee from		480	2502	240	Design issue fe	е				
Extra Claims below Fee Paid	1503	640	2503	320	Plant issue fee					
Total Claims		130	1460	130	Petitions to the	Commissioner				
		50	1807	50	Processing fee	under 37 CFR § 1.17(q)				
Large Entity   Small Entity		180	1806	180		sion of Information Disclosure				
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1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	property (times Filing a submiss	sion after fir		ì		
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	(37 ČFR § 1.1 For each addition		on to be exa	amined		
1203 290 2203 145 Multiple dependent claim, if not paid					(37 CFR § 1.1	29(b))				
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801		Request for Co		•	(CE)		
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	Request for exp of a design app		nination			
and over original patent		Other fee (specify)								
SUBTOTAL (2) (\$) \$0.00										
**or number previously paid, if greater; For Reissues, see above	*Re	*Reduced by Basic Filing Fee Paid					TAL (3)	(\$)	\$110.00	
SUBMITTED BY		Co					Complete (if applicable)			
Name Mark Levy	Registration No. (Attorney/Agent)			o.	29,188	Telephon	607-722-6600			
Signature // \	-					Date		6/28/04		

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